Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE	
✓ New report ☐ Amended report If amended, p	provide filing date of report that is being amended. (YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING 1	THE REPORT
section 1.1 of National Instrument 81-106	elect only one). For guidance regarding whether an issuer is an investment fund, refer to 6 Investment Fund Continuous Disclosure and the companion policy to NI 81-106 (in restment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting
☐ Investment fund issuer	
✓ Issuer (other than an investment fu	und)
ITEM 3 - ISSUER NAME AND (OTHER IDENTIFIERS
Provide the following information about t	the issuer, or if the issuer is an investment fund, about the fund.
Full legal name	Champion Electric Metals Inc. (formerly Idaho Champion Gold Mines Canada Inc.) / Champion Electric Metals Inc. (formerly Idaho Champion Gold Mines Canada Inc.)
Previous full legal name	IDAHO CHAMPION GOLD MINES CANADA INC.
If the issuer's name changed in	the last 12 months, provide most recent previous legal name.
Website	www.idahochamp.com (if applicable)
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".
Legal entity identifier	254900W2NCDZ92HO3O44
If two or more issuers distributed a single above.	e security, provide the full legal name(s) of the co-issuer(s) other than the issuer named
Full legal name(s) of co-issuer(s)	(if applicable)
ITEM 4 - UNDERWRITER INFO	PRMATION
If an underwriter is completing the report	t, provide the underwriter's full legal name, firm NRD number, and SEDAR+ profile number.
Full legal name	
Firm NRD number	(if applicable)

SEDAR+ profile number
ITEM 5 - ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 212220
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
☐ Exploration ☑ Development ☐ Production Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies ☐ Cryptoassets
b) Number of employees
Number of employees:
c) SEDAR+ profile number
Provide the issuer's SEDAR+ profile number
000008899
ITEM 6 - INVESTMENT FUND ISSUER INFORMATION
If the issuer is an investment fund, provide the following information.
a) Investment fund manager information
Full legal name
Firm NRD number (if applicable)
SEDAR+ profile number
b) Type of investment fund
Type of investment fund that most accurately identifies the issuer (select only one).
☐ Money market ☐ Equity ☐ Fixed income ☐ Balanced

☐ Alternative strategies	☐ Cryptoasset	Other (describe)			
Indicate whether one or both of the		nvestment fund.			
☐ Is a UCITs Fund ¹ ¹ Undertaking for the Collective Investme that allow collective investment schemes			-		ectives
c) Net asset value (NAV) of the investment for	und			
Select the NAV range of the investr	ment fund as of the date c	of the most recent NAV ca	lculation (Canad	dian \$).	
☐ Under \$5M	S5M to under \$	\$25M	der \$100M	Date of NAV calculation	1:
☐ \$100M to under \$500M	\$500M to unde	er \$1B 🔲 \$1B or over	-	YYYY MM DE)
ITEM 7 - INFORMATION	ABOUT THE DIST	RIBUTION			
If an issuer located outside of Can information about purchasers res commissions or finder's fees, in co Item 7 must reconcile with the info	ident in that jurisdiction connection with the distribu	of Canada only. Do not in ution, which must be disc	clude in Item 7 s	securities issued as paymen	
a) Currency					
Select the currency or currencies in dollars.	n which the distribution w	vas made. All dollar amou	ınts provided in	the report must be in Cana	dian
✓ Canadian dollar US	dollar 🗌 Euro O	other (describe)			
b) Distribution dates					
State the distribution start and en the distribution date as both the s include the start and end dates fo	start and end dates. If the	report is being filed for se	-	•	ıide .
Start date 20.	24 08 19	End dat	e 2024	08 19	
YY	YY MM DD		YYYY	MM DD	
c) Detailed purchaser i	nformation				
Complete Schedule 1 of this for	m for each purchaser an	nd attach the schedule (to the complete	ed report.	
d) Types of securities d	istributed				
Provide the following information to indicate the security code. If prodistributed.					

				Canadian \$		
Security code	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
FTS	15850F105	Flow-Through Common Shares	20,000,000.0000	0.0400	0.0400	800,000.0000

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Convertible / exchangeable	Underlying security code	(Cariadian 4)		Expiry date (YYYY-MM- DD)	Conversion ratio	Describe other terms (if applicable)	
security code		Lowest	Highest	DD)		αργιιταυίε)	

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique purchasers ^{2a}	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	1	300,000.0000
Ontario	NI 45-106 2.3 [Accredited investor]	1	500,000.0000
	Total dolla	ar amount of securities distributed	\$800,000.0000
	Total number of unique purchasers ^{2b}	2	

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

^{2b}In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

ITEM 8 - COMPENSATION INFORMATION Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. **Complete additional** copies of this page if more than one person was, or will be, compensated. Indicate whether any compensation was paid, or will be paid, in connection with the distribution. ☐ No ✓ Yes If yes, indicate number of persons compensated. 3 a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. □ No **✓** Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual RED CLOUD SECURITIES INC. Firm NRD number | 62810 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Province/State Country Postal code/Zip code vellishayes@redcloudsecurit Telephone number | +1 (647) 293-7177 Email address ies.com c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of 'connected' in Part B(2) of the Instructions and the meaning of 'control' in section 1.4 of NI 45-106 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section. ☐ Connected with the issuer or investment fund manager Insider of the issuer (other than an investment fund) ✓ Director or officer of the investment fund or investment fund manager ☐ Employee of the issuer or investment fund manager None of the above

Provide details of all compensation paid, or to be paid, to Provide all amounts in Canadian dollars. Include cash con compensation. Do not report payments for services incider services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issuer	nmissions, securitie ntal to the distribut or report on, intern	s-based compensat ion, such as clerical	ion, gifts, discounts , printing, legal or	or other accounting
Cash commissions paid	\$21,000.0000			
Value of all securities distributed as compensation ⁴	\$0.0000			
Security codes	Security code 1	Security code 2	Security code 3	
security codes	WNT			
Describe terms of warrants, options or other rights		ed 525,000 finders of \$0.05 and will e		
Other compensation ⁵	\$0.0000			
Describe	N/A			
Total compensation paid	\$21,000.0000			
Check box if the person will or may receive any def	erred compensation	on (describe the te	erms below)	

⁴Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.

d) Compensation details

⁵Do not include deferred compensation.

ITEM 8 - COMPENSATION INFORMATION Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. **Complete additional** copies of this page if more than one person was, or will be, compensated. Indicate whether any compensation was paid, or will be paid, in connection with the distribution. ☐ No **V** Yes If yes, indicate number of persons compensated. 3 a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. □ No **✓** Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. MARQUEST ASSET MANAGEMENT INC. / INVESTISSEMENT CONSEIL Full legal name of non-individual **MARQUEST** Firm NRD number 2310 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Province/State Postal code/Zip code Country Email address | gdrodge@marquest.ca Telephone number | +1 (417) 777-7350 c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of 'connected' in Part B(2) of the Instructions and the meaning of 'control' in section 1.4 of NI 45-106 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section. ✓ Connected with the issuer or investment fund manager Insider of the issuer (other than an investment fund) \overline{ert} Director or officer of the investment fund or investment fund manager ☐ Employee of the issuer or investment fund manager None of the above

Provide details of all compensation paid, or to be paid, to Provide all amounts in Canadian dollars. Include cash con compensation. Do not report payments for services incides services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issuer.	nmissions, securitie ntal to the distribut or report on, intern	s-based compensati ion, such as clerica	tion, gifts, discounts l, printing, legal or	s or other accounting
Cash commissions paid	\$35,000.0000			
Value of all securities distributed as compensation ⁴	\$0.0000			
Security codes	Security code 1	Security code 2	Security code 3	
	WNT			
Describe terms of warrants, options or other rights		ed 437,500 finders of \$0.05, expiring		
Other compensation ⁵	\$0.0000			
Describe				
Total compensation paid	\$35,000.0000			
Check box if the person will or may receive any def	erred compensati	on (describe the te	erms below)	

⁴Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.

d) Compensation details

⁵Do not include deferred compensation.

ITEM 8 - COMPENSATION INFORMATION Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. **Complete additional** copies of this page if more than one person was, or will be, compensated. Indicate whether any compensation was paid, or will be paid, in connection with the distribution. ☐ No ✓ Yes If yes, indicate number of persons compensated. 3 a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. □ No **✓** Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual GloRes Securities Inc. Firm NRD number (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address | 10 Loggers Trail Municipality Stouffille Province/State Ontario Country Canada Postal code/Zip code L4A 2L6 Nikhil.Gupte@GloResSecurit Email address ies.com Telephone number +1 (416) 878-0510 c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of 'connected' in Part B(2) of the Instructions and the meaning of 'control' in section 1.4 of NI 45-106 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section. ✓ Connected with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager ✓ Employee of the issuer or investment fund manager None of the above

d) Compensation details				
Provide details of all compensation paid, or to be paid, to a Provide all amounts in Canadian dollars. Include cash come compensation. Do not report payments for services incider services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issuer	nmissions, securitie ntal to the distribut or report on, intern	s-based compensat ion, such as clerica	ion, gifts, discounts l, printing, legal or d	or other accounting
Cash commissions paid	\$0.0000			
Value of all securities distributed as compensation ⁴	\$0.0000			
Security codes	Security code 1 WNT	Security code 2	Security code 3	
Describe terms of warrants, options or other rights		ed 437,500 finders of \$0.05, expiring		
Other compensation ⁵	\$0.0000			
Describe	N/A		j	
Total compensation paid Check box if the person will or may receive any def		on (describe the te	erms below)	
⁴ Provide the aggregate value of all securities distributed as compensations securities of the issuer. Indicate the security codes for all securities distributed as compensation acquire additional securities of the issuer. ⁵ Do not include deferred compensation.				
ITEM 9 – DIRECTORS, EXECUTIVE OFFICEI	RS AND PROM	MOTERS OF TI	HE ISSUER	
If the issuer is an investment fund, do not complete Ite	em 9. Proceed to I	tem 10.		
Indicate whether the issuer is any of the following (select the select the s	.,		applies, select only	one).
Provide name of reporting issuer				
☐ Wholly owned subsidiary of a foreign public issuer Provide name of foreign public issuer	6			
☐ Issuer distributing only eligible foreign securities ar	nd the distribution	is to permitted cli	ents only ⁷ .	
If the issuer is at least one of the above, do not comple		•	-	

⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.	
☐ If the issuer is none of the above, check this box and complete Item 9(a) – (c).	
a) Directors, executive officers and promoters of the issuer	

Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.

Organization or company name	Family name	First given	Secondary given names	Business location of non-individual or residential jurisdiction of individual	Relationship to issuer (select all that apply)		
		name		Province or country	D	0	P

b) Promoter information

If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to promoter", "D" - Director, "O" - Executive Officer.

	Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual		promoter (select if applicable)
					Province or country	D	О

c) Residential address of each individual

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exempt distribution.						
By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.						
Name of Issuer/ investment fund Champion Electric Metals Inc. manager/agent						
Full legal name	FAIRHURST	Helga				
	Family name	First given name		Secondary given names		
Title	Corporate Secretary					
Telephone number	+1 (647) 249-7668	Email address	hfairhurst@cl	@champem.com		
Signature	Helga Fairhurst	Date	2024 YYYY	08 29 MM DD		

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Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

☑ Same as individual certifying the report							
Full legal name							
_	Family name	First given name	Secondary given names				
Title							
Name of company							
Telephone number		Email address					

NOTICE - COLLECTION AND USE OF PERSONAL INFORMATION

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation. If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedule 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.